

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027590

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 98

FILED AUG 6 1962

## 1. PLACE OF DEATH

a. COUNTY

Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Rock Twp.

Length of stay in 1b

ACCIDENT

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

HIGHWAY 21

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

ST LOUIS

admission)

c. CITY

SAPPINGTON MO

OR  
TOWN

ST LOUIS COUNTY

Inside Limits

Yes ☐ No ☒

d. STREET

9322 SAPPINGTON ROAD

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

William

Amelung

4. DATE

OF  
DEATH

Month

Day

Year

8-1-

62

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

## 8. DATE OF BIRTH

3-10-93

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETINO CANDY BUSINESS

## 10b. KIND OF BUSINESS OR INDUSTRY

CANDY BUSINESS

## 11. BIRTHPLACE (City and state or country)

ST LOUIS MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

OTTO L AMELUNG

## 13b. MOTHER'S MAIDEN NAME

MARY PARKER

## 14. NAME OF HUSBAND OR WIFE

DEC

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

WILLIAM O AMELUNG SAPPINGTON

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Multiple fractures &amp; Internal Inj.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto Accident.

## 20c. TIME OF INJURY

4:45

Hour

Month, Day, Year

8-1-62

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

## 20f. CITY, TOWN, OR LOCATION

Rock Twp.

## COUNTY

Jeff.

## STATE

MO

## 21. I attended the deceased from

Coccard's View.

## and last saw her

him alive on

Death occurred at

4:45 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

James C. [Signature]

## (Degree or title)

[Signature]

## 22b. ADDRESS

[Signature]

## 22c. DATE SIGNED

8-1-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

AUG 1 1962

## 23c. NAME OF CEMETERY OR CREMATORY

SUNSET CEMETERY

## 23d. LOCATION (City, town, or county)

ST LOUIS COUNTY MO

## (State)

## 24. FUNERAL DIRECTOR

Ziegenheim

## ADDRESS

ST LOUIS MO

## 25. DATE REC'D. BY LOCAL REG.

8-2-62

## 26. REGISTRAR'S SIGNATURE

Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

10500

24000

3

4 C

5 2

6

7 0

8 2

9 X

10

11050

1291-3

132-0

1962 JUN 2

1962 JUN 2

Rec'd by R.R. 8-2-62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald King

Licensed Embalmer No. 2863

P. O. Address St. James mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.